TITLE: OUT-OF-SEQUENCE PROGRESSION FOR DOCTOR OF NURSING PRACTICE AND POST-MASTER CERTIFICATE STUDENTS

POLICY: On admission a curriculum plan is developed to ensure courses are sequenced in an academically sound manner and that graduation is timely. Students unable to follow the curriculum plan developed at admission will have requests for curriculum plan revisions considered on an individual basis.

RATIONALE: The College has a responsibility to ensure the academic integrity of the student’s curriculum, availability of clinical placements, and faculty supervision of students. Therefore, careful planning is required for exceptions to standardized curriculum plans.

PROCEDURE:

1. Students who need to revise their curriculum plans meet with their Academic Advisor to assess the feasibility of changing the existing plans.
2. The student completes Petition for Revision of Curriculum Plan form (Attachment #1) and forwards to the Academic Advisor.
3. The Assistant Dean for Student Services (ADSS) consults with the Academic Advisor, and Associate Dean for Academic Affairs- Graduate Clinical Education (ADAA-GCE) as to the availability of resources for the proposed revised curriculum plan. The ADAA-GCE consults with specialty track coordinator for BSN-DNP and Post Master Certificate (PMC) students.
4. The Academic Advisor will inform the student in writing of the decision regarding the petition within ten (10) working days of receipt of the petition. If approved, a copy of the revised curriculum plan is included in the email to the student. The Academic Advisor distributes copies per the distribution list.
5. A student may seek guidance from the Academic Advisor or the ADSS at any time in the curriculum plan modification process.
Policy S-5.07
UNIVERSITY OF FLORIDA
COLLEGE OF NURSING

Attachment #1

Petition for Revision of Curriculum Plan
[To be Completed by Student]

Student Name: ___________________________  UFID: ________________

Email: _________________________________  Academic Advisor: ________________

Specific Request for Revision of Curriculum Plan:

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Rationale for Petition:

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Student’s Signature ___________________________  Date __________  Track Coordinator ____________  Date __________

ADAA-GCE ____________  Date ______

Distribution --  Original to: ______Student Record
                  Copy to: ______Student  ______Track Coordinator  ______Academic Advisor  ______Associate Dean for
                  Academic Affairs for Graduate Clinical Education